

PIRES FAMILY TRUST
319 5TH STREET
GUSTINE, CA 95322

PIRES, BETTENCOURT,
VANDERPOEL, PENSCO TRUST
C/O MARTIN CROWLEY
85 S. LAVERNE STREET
FALLON, NV 89406

RAKESTRAW, ALBERT/MOLLY
1150 W. PLUMB LANE
RENO, NV 89509

RECEIVABLES PERFORMANCE MANAGEMENT
A/C # 10967442
1930 220TH STREET SE
SUITE 101
BOTHELL, WA 98021

RENDON, STEVE J.
2664 KEVIN ROAD
SAN PABLO, CA 94806

RENO EMERGENCY PHYSICIANS
A/C # 5586149
PO BOX 7610
RENO, NV 89510-7610

RENOWN REGIONAL MEDICAL CTR
A/C # 6108314599
850 HARVARD WAY
RENO, NV 89502-2055

RESURGENT CAPITAL SERVICES
A/C # 007060686-01-5200
C/ VALENTINE & KEBARTAS
PO BOX 325
LAWRENCE, MA 01842

RIGGINS, RALPH TRUST/C RICHARDS
305 SANDIA DRIVE
FERNLEY, NV 89408

S.H.Y INVESTMENTS
4837 E. NYE LANE
CARSON CITY, NV 89706

SAGE PAYMENT SOLUTIONS
A/C # 32008653
C/O NCO FINANCIAL SERVICES
PO BOX 17196
BALTIMORE, MD 21297

SANDERS, MARILYN L.
225 DRAKE WAY
WASHOE VALLEY, NV 89704

SCHROEDER, JOHN
5107 N BENNETT
RUSTON, WA 98407

SCHROEDER, STEVE
18622 134TH AVE SE
RENTON, WA 98058

SECCION AMARILLA USA
A/C # COR098392
3350 S.W. 148TH AVENUE
SUITE 410
HOLLYWOOD, FL 33027

SHERBURN, CLAUDIA
555 GLACIER LANE N.
MINNEAPOLIS, MN 55447

SMART, CLYDE
1101 CROWN DRIVE
RENO, NV 89503

SMITH, AUDREY
4520 MOUNTAINGATE
RENO, NV 89509

SMITH, GERALD
12181 LAKESHORE SOUTH
AUBURN, CA 95602

SMITH, JOEL/RUTH
6808 BRISTOL DRIVE
BERKELEY, CA 94705

SNYDER, DICK
420 ASWAN STREET
SPARKS, NV 89436

SPRAGUE, FRANK
9732 STATE ROUTE 445 PMB 131
SPARKS, NV 89441

ST AVALOS, CLAUDINE
2051 TAMPA AVENUE
OAKLAND, CA 94611

ST. MARY'S REGIONAL MED CTR
A/C # 3360-0005586149
235 WEST SIXTH STREET
RENO, NV 89503-4548

ST. MARY'S REGIONAL MED CTR
A/C # 0005586149
2020 LINDELL AVENUE
NASHVILLE, TN 37203-5509

STECK, BONNIE J.
3357 SKYLINE BLVD.
RENO, NV 89509

STEWART TITLE GUARANTY CO.
ATTN: CATHERINE B. YALUNG
330 MADISON AVENUE SOUTH
SUITE 201
BAINBRIDGE ISLAND, WA 98110

SULLIVAN, ERIN L.
30 PALM SPRINGS CT.
SPARKS, NV 89436

TOM ANDERSON
C/O CHARLES SCHWAB
PO BOX 52114
PHOENIX, AZ 85072

U.S. REALTY
CH. 7 CASE NO. 10-50398
GEOFFREY WILSON, TRUSTEE
10580 NO. MCCARRAN BLVD. #115-332
RENO, NV 89503

UNIVERSITY OF NEVADA
A/C # 1499181-1
C/O ALLIED COLLECTION SERVICES
3080 SO. DURANGO DRIVE
SUITE 208
LAS VEGAS, NV 89117-9194

VAN RU CREDOT CORP
A/C # 7399199
PO BOX 1018
DES PLAINES, IL 60018-3307

VANDERPOEL, N.
C/O PENSICO TRUST CO.
PO BOX 26903
SAN FRANCISCO, CA 94126

VOSSLER, LORNA
2365 AUDUBON WAY
RENO, NV 89509

VOSSLER, PETE JR.
555 JUNCTION PEAK DRIVE
SPARKS, NV 89436

VOSSLER, ROY/MELISSA
30252 PACIFIC ISLAND DR. #161
LAGUNA NIGUEL, CA 92677

WALLS, ERVIN/BETTY
5200 SUMMIT RIDGE DRIVE
APT 2912
RENO, NV 89523

WELLES, ESTRA
3501 BARRYMORE
RENO, NV 89512

WEST HILLS HOSPITAL
A/C # 1203186
1240 EAST NINTH STREET
RENO, NV 89512

WOOD, AMY
PO BOX 5452
RENO, NV 89513

WOODS FAMILY TRUST
1032 PAISLEY COURT
SPARKS, NV 89434

WOODS, ROBERT
1032 PAISLEY COURT
SPARKS, NV 89434

WOODS, STELANI
103 PAISLEY COURT
SPARKS, NV 89434

WYKOFF, BUD
C/O MARK WYKOFF
14735 GRANITE MINE DRIVE
RENO, NV 89521

WYKOFF, CHRIS
420 ASWAN STREET
SPARKS, NV 89436

STATEMENT OF SOCIAL-SECURITY NUMBER OR
INDIVIDUAL TAXPAYER-IDENTIFICATION NUMBER (ITIN)

United States Bankruptcy Court
District of Nevada

In re U.S. REALTY
Debtor

Case No. _____

Address 405 APPLE STREET
RENO, NV 89502

Chapter 7

Employer's Tax Identification (EIN) No(s). [if any]: 88-0161209

Last four digits of Social Security No(s): _____

STATEMENT OF SOCIAL-SECURITY NUMBER(S)
(or other Individual Taxpayer-Identification Number(s) (ITIN(s)))

1. Name of Debtor (enter Last, First, Middle): U.S. REALTY
(Check the appropriate box and, if applicable, provide the required information.)

- ☐ Debtor has a Social Security Number and it is: ____
(If more than one, state all.)
- ☒ Debtor does not have a Social Security Number but has an Individual Taxpayer-Identification Number (ITIN),
and it is: 88-0161209.
(If more than one, state all.)
- ☐ Debtor does not have either a Social Security Number or an Individual Taxpayer-Identification Number (ITIN).

2. Name of Joint Debtor (enter Last, First, Middle): _____
(Check the appropriate box and, if applicable, provide the required information.)

- ☐ Joint Debtor has a Social Security Number and it is: ____
(If more than one, state all.)
- ☐ Joint Debtor does not have a Social Security Number but has an Individual Taxpayer-Identification Number and
it is: ____.
(If more than one, state all.)
- ☐ Joint Debtor does not have a Social Security Number or an Individual Taxpayer Identification Number (ITIN).

I declare under penalty of perjury that the foregoing is true and correct.

X /s/ _____ August 7, 2009
Signature of Debtor Date

X _____
Signature of Joint Debtor Date

**Joint debtors must provide information for both spouses.*

Penalty for making a false statement: Fine of up to \$250,000 or up to 5 years imprisonment or both. 18 U.S.C. §§ 152 and 3571.

In re **WALTER EDWARD FLOYD**
SHARI L. FLOYD
 Debtor(s)
 Case Number: **09-52653-GWZ**
 (If known)

According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):

- ☐ The presumption arises.
☐ The presumption does not arise.
☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

Part I. MILITARY AND NON-CONSUMER DEBTORS

1A	<p>Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).</p>
1B	<p>Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.</p>
1C	<p>Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.</p> <p><input type="checkbox"/> Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard</p> <div style="margin-left: 40px;"> <p>a. <input type="checkbox"/> I was called to active duty after September 11, 2001, for a period of at least 90 days and</p> <div style="margin-left: 20px;"> <input type="checkbox"/> I remain on active duty /or/ <input type="checkbox"/> I was released from active duty on ____, which is less than 540 days before this bankruptcy case was filed; </div> <p style="text-align: center;">OR</p> <p>b. <input type="checkbox"/> I am performing homeland defense activity for a period of at least 90 days /or/ <input type="checkbox"/> I performed homeland defense activity for a period of at least 90 days, terminating on ____, which is less than 540 days before this bankruptcy case was filed.</p> </div>

Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION

2	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. <input type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11. b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only column A ("Debtor's Income") for Lines 3-11. c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. d. <input type="checkbox"/> Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.																			
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.		Column A Debtor's Income	Column B Spouse's Income																
3	Gross wages, salary, tips, bonuses, overtime, commissions.		\$ 0.00	\$																
4	Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 40%;"></th> <th style="width: 10%; text-align: center;">Debtor</th> <th style="width: 10%; text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>Gross receipts</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary business expenses</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c.</td> <td>Business income</td> <td colspan="2" style="text-align: right;">Subtract Line b from Line a</td> </tr> </tbody> </table>				Debtor	Spouse	a.	Gross receipts	\$ 0.00	\$	b.	Ordinary and necessary business expenses	\$ 0.00	\$	c.	Business income	Subtract Line b from Line a		\$ 0.00	\$
		Debtor	Spouse																	
a.	Gross receipts	\$ 0.00	\$																	
b.	Ordinary and necessary business expenses	\$ 0.00	\$																	
c.	Business income	Subtract Line b from Line a																		
5	Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 40%;"></th> <th style="width: 10%; text-align: center;">Debtor</th> <th style="width: 10%; text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>Gross receipts</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary operating expenses</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c.</td> <td>Rent and other real property income</td> <td colspan="2" style="text-align: right;">Subtract Line b from Line a</td> </tr> </tbody> </table>				Debtor	Spouse	a.	Gross receipts	\$ 0.00	\$	b.	Ordinary and necessary operating expenses	\$ 0.00	\$	c.	Rent and other real property income	Subtract Line b from Line a		\$ 0.00	\$
		Debtor	Spouse																	
a.	Gross receipts	\$ 0.00	\$																	
b.	Ordinary and necessary operating expenses	\$ 0.00	\$																	
c.	Rent and other real property income	Subtract Line b from Line a																		
6	Interest, dividends, and royalties.		\$ 0.00	\$																
7	Pension and retirement income.		\$ 0.00	\$																
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed.		\$ 0.00	\$																
9	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 35%;">Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td style="width: 15%; text-align: right;">Debtor \$ 0.00</td> <td style="width: 50%; text-align: right;">Spouse \$</td> </tr> </table>		Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ 0.00	Spouse \$	\$ 0.00	\$													
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ 0.00	Spouse \$																		
10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 40%;"></th> <th style="width: 10%; text-align: center;">Debtor</th> <th style="width: 10%; text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>b.</td> <td></td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> </tbody> </table> Total and enter on Line 10				Debtor	Spouse	a.		\$	\$	b.		\$	\$	\$ 0.00	\$				
		Debtor	Spouse																	
a.		\$	\$																	
b.		\$	\$																	
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).		\$ 0.00	\$																

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$ 0.00
Part III. APPLICATION OF § 707(b)(7) EXCLUSION		
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$ 0.00
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: _____ b. Enter debtor's household size: 0	\$ 0.00
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. <input type="checkbox"/> The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.	

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)																										
16	Enter the amount from Line 12.	\$ _____																								
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.																									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">a.</td> <td style="width: 65%;"></td> <td style="width: 30%; text-align: right;">\$</td> </tr> <tr> <td>b.</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c.</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>d.</td> <td></td> <td style="text-align: right;">\$</td> </tr> </table>	a.		\$	b.		\$	c.		\$	d.		\$													
a.		\$																								
b.		\$																								
c.		\$																								
d.		\$																								
	Total and enter on Line 17																									
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.	\$ _____																								
Part V. CALCULATION OF DEDUCTIONS FROM INCOME																										
Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)																										
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	\$ _____																								
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.																									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">Household members under 65 years of age</th> <th colspan="3" style="text-align: left;">Household members 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">a1.</td> <td style="width: 65%;">Allowance per member</td> <td style="width: 30%;"></td> <td style="width: 5%;">a2.</td> <td style="width: 65%;">Allowance per member</td> <td style="width: 30%;"></td> </tr> <tr> <td>b1.</td> <td>Number of members</td> <td></td> <td>b2.</td> <td>Number of members</td> <td></td> </tr> <tr> <td>c1.</td> <td>Subtotal</td> <td></td> <td>c2.</td> <td>Subtotal</td> <td></td> </tr> </tbody> </table>		Household members under 65 years of age			Household members 65 years of age or older			a1.	Allowance per member		a2.	Allowance per member		b1.	Number of members		b2.	Number of members		c1.	Subtotal		c2.	Subtotal	
Household members under 65 years of age			Household members 65 years of age or older																							
a1.	Allowance per member		a2.	Allowance per member																						
b1.	Number of members		b2.	Number of members																						
c1.	Subtotal		c2.	Subtotal																						
	Total and enter on Line 19B																									
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	\$ _____																								

20B	<p>Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">IRS Housing and Utilities Standards; mortgage/rental expense</td><td style="width: 35%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net mortgage/rental expense</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$	c.	Net mortgage/rental expense	Subtract Line b from Line a.	\$
a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$									
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$									
c.	Net mortgage/rental expense	Subtract Line b from Line a.									
21	<p>Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p> 	\$									
22A	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$									
22B	<p>Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$									
23	<p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 35%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 1</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.									
24	<p>Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 35%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 2</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.									
25	<p>Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.</p>	\$									
26	<p>Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.</p>	\$									

27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.	\$
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.	\$
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.	\$
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.	\$
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.	\$

Subpart B: Additional Living Expense Deductions

Note: Do not include any expenses that you have listed in Lines 19-32

34	<p>Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.</p> <table border="1"> <tr> <td>a.</td> <td>Health Insurance</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td>\$</td> </tr> </table> <p>Total and enter on Line 34.</p> <p>If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$ _____</p>	a.	Health Insurance	\$	b.	Disability Insurance	\$	c.	Health Savings Account	\$	\$
a.	Health Insurance	\$									
b.	Disability Insurance	\$									
c.	Health Savings Account	\$									
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.	\$									
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$									
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.	\$									
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.	\$									

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.	\$
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).	\$
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40	\$

Subpart C: Deductions for Debt Payment

42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.																						
	<table border="1"> <thead> <tr> <th></th> <th>Name of Creditor</th> <th>Property Securing the Debt</th> <th>Average Monthly Payment</th> <th>Does payment include taxes or insurance?</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td></td> <td>\$</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td colspan="3">Total: Add Lines</td> <td></td> </tr> </tbody> </table>		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no							Total: Add Lines				\$	
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?																			
a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no																			
	Total: Add Lines																						
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.																						
	<table border="1"> <thead> <tr> <th></th> <th>Name of Creditor</th> <th>Property Securing the Debt</th> <th>1/60th of the Cure Amount</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td colspan="3">Total: Add Lines</td> </tr> </tbody> </table>		Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	a.			\$						Total: Add Lines			\$					
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount																				
a.			\$																				
	Total: Add Lines																						
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.		\$																				
45	Chapter 13 administrative expenses. If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.																						
	<table border="1"> <tbody> <tr> <td>a.</td> <td>Projected average monthly Chapter 13 plan payment.</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</td> <td>x</td> </tr> <tr> <td>c.</td> <td>Average monthly administrative expense of Chapter 13 case</td> <td>Total: Multiply Lines a and b</td> </tr> </tbody> </table>	a.	Projected average monthly Chapter 13 plan payment.	\$	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	x	c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b	\$												
a.	Projected average monthly Chapter 13 plan payment.	\$																					
b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	x																					
c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b																					
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.		\$																				

Subpart D: Total Deductions from Income

47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.	\$
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Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION

48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.	\$
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	\$

52	Initial presumption determination. Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 51 is less than \$6,575. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. <input type="checkbox"/> The amount set forth on Line 51 is more than \$10,950 Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. <input type="checkbox"/> The amount on Line 51 is at least \$6,575, but not more than \$10,950. Complete the remainder of Part VI (Lines 53 through 55).	
53	Enter the amount of your total non-priority unsecured debt	\$
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$
55	Secondary presumption determination. Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. <input type="checkbox"/> The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.	

Part VII. ADDITIONAL EXPENSE CLAIMS

56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.																			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 55%;">Expense Description</th> <th style="width: 40%;">Monthly Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">d.</td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total: Add Lines a, b, c, and d</td> <td style="text-align: center;">\$</td> </tr> </tbody> </table>		Expense Description	Monthly Amount	a.		\$	b.		\$	c.		\$	d.		\$	Total: Add Lines a, b, c, and d		\$	
	Expense Description	Monthly Amount																		
a.		\$																		
b.		\$																		
c.		\$																		
d.		\$																		
Total: Add Lines a, b, c, and d		\$																		

Part VIII. VERIFICATION

57	I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this is a joint case, both debtors must sign.)</i>	
	Date: _____	Signature: _____ <div style="text-align: center;">WALTER EDWARD FLOYD (Debtor)</div>
	Date: _____	Signature _____ <div style="text-align: center;">SHARI L. FLOYD (Joint Debtor, if any)</div>

Name, Address, Telephone No. & I.D. No.

ALAN R. SMITH, ESQ.
505 RIDGE STREET
RENO, NV 89501-1719
(775) 786-4579
SBN 1449

UNITED STATES BANKRUPTCY COURT

District of Nevada

In Re

WALTER EDWARD FLOYD
SHARI L. FLOYD

BANKRUPTCY NO. **09-52653-GWZ**
CHAPTER NO. **7**

Debtor(s)

**DECLARATION RE: ELECTRONIC FILING OF PETITION
SCHEDULES, STATEMENTS AND PLAN (if applicable)**

PART I - DECLARATION OF PETITIONER

I [We] WALTER EDWARD FLOYD and SHARI L. FLOYD, the undersigned debtor(s) hereby declare under penalty of perjury that the information I have given my attorney and the information provided in the electronically filed petition, statements, schedules, amendments and plan (if applicable) as indicated above is true and correct. I consent to my attorney filing my petition, this declaration, statements, schedules and plan (if applicable) as indicated above to the United States Bankruptcy Court. I understand that this DECLARATION RE: ELECTRONIC FILING is to be filed with the Clerk once all schedules have been filed electronically but, in no event, no later than 15 days following the date the petition was electronically filed. I understand that failure to file the signed original of this DECLARATION will cause my case to be dismissed pursuant to 11 U.S.C. § 707(a)(3) without further notice.

- ☐ If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7 or 13. I am aware that I may proceed under chapter 7, 11, 12, or 13 of 11 United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7 or 13. I request relief in accordance with the chapter specified in this petition.
- ☐ [If petitioner is a corporation or partnership] I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in this petition.

Dated: _____

Signed: _____

WALTER EDWARD FLOYD
(Applicant)

SHARI L. FLOYD
(Joint Applicant)

PART II - DECLARATION OF ATTORNEY

I, the attorney for the petitioner named in the foregoing petition, declare that, I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

Dated: _____

Signed: _____

ALAN R. SMITH, ESQ.
Attorney for Debtor(s)

ATTACHMENT F

BAPCPA, RLFORD

**U.S. Bankruptcy Court
District of Nevada (Reno)
Bankruptcy Petition #: 09-52653-gwz**

Date filed: 08/06/2009

Assigned to: GREGG W ZIVE
Chapter 7
Voluntary
Asset

Debtor

WALTER EDWARD FLOYD, JR
FEDERAL CORRECTION INSTITUTION
TERMINAL ISLAND
PO BOX 3007
SAN PEDRO, CA 90731
SSN / ITIN: xxx-xx-3156

aka

EDDIE FLOYD, JR

represented by **ALAN R SMITH**
505 RIDGE ST
RENO, NV 89501
(775) 786-4579
Email: mail@asmithlaw.com

Joint Debtor

SHARI L. FLOYD
665 S. WELLS AVE.
RENO, NV 89502
SSN / ITIN: xxx-xx-8354

represented by **ALAN R SMITH**
(See above for address)

Petitioning Creditor

JOHN BETTENCOURT
456 7TH STREET
GUSTINE, CA 95322

represented by **MARTIN G. CROWLEY**
AMERICAN LEGAL
SERVICES
85 SO. LAVERNE ST
FALLON, NV 89406
(775) 423 7088
Fax : (775) 423 7089
Email: AmLegal@gmail.com

Petitioning Creditor

JOHN SCHROEDER
5107 N. BENNETT
RUSTON, WA 89407

represented by **MARTIN G. CROWLEY**
(See above for address)

Petitioning Creditor

PENSCO TRUST CO.
1140 WEST AVENUE
GUSTINE, CA 95322

represented by **MARTIN G. CROWLEY**
(See above for address)

Petitioning Creditor
ANTHONY CASTRO
 1051 LAUREL AVE.
 GUSTINE, CA 95322

represented by **MARTIN G. CROWLEY**
 (See above for address)

Petitioning Creditor
MIKE ALGER
 1385 CELESE CIR.
 RENO, NV 89511

represented by **MARTIN G. CROWLEY**
 (See above for address)

Petitioning Creditor
SADIQ PATANKAR
 2300 DICKERSON RD #36
 RENO, NV 89503

represented by **MARTIN G. CROWLEY**
 (See above for address)

Petitioning Creditor
NANCY CASTRO
 1051 LAUREL AVE.
 GUSTINE, CA 95322

represented by **MARTIN G. CROWLEY**
 (See above for address)

Trustee
W. DONALD GIESEKE
 18124 WEDGE PKWY., STE 518
 RENO, NV 89511
 (775) 742 9107

U.S. Trustee
U.S. TRUSTEE - RN - 7, 7
 300 BOOTH STREET
 SUITE 3009
 RENO, NV 89509

Filing Date	#	Docket Text
08/06/2009	<u>1</u>	Chapter 7 Involuntary Petition. Fee Amount \$299. Re: WALTER EDWARD FLOYD JR Filed by Petitioning Creditor(s): John Bettencourt (attorney MARTIN G. CROWLEY), John Schroeder (attorney MARTIN G. CROWLEY), PENSICO TRUST CO. (attorney MARTIN G. CROWLEY), ANTHONY CASTRO (attorney MARTIN G. CROWLEY), MIKE ALGER (attorney MARTIN G. CROWLEY), SADIQ PATANKAR (attorney MARTIN G. CROWLEY). (CROWLEY, MARTIN) (Entered: 08/06/2009)
08/06/2009	2	Request to Issue Summons in Involuntary Case On: WALTER EDWARD FLOYD, JR. AND SHARIL L. FLOYD Filed by MARTIN G. CROWLEY on behalf of MIKE ALGER, John Bettencourt (CROWLEY, MARTIN) (Entered: 08/06/2009)

08/07/2009	<u>3</u>	Hearing Scheduled/Rescheduled. Status hearing to be held on 10/14/2009 at 10:30 AM at GWZ-Courtroom 1, Young Bldg. (Related document(s) <u>1</u> Involuntary Petition (Chapter 7) filed by Alleged Debtor WALTER EDWARD FLOYD, Petitioning Creditor JOHN BETTENCOURT, Petitioning Creditor JOHN SCHROEDER, Petitioning Creditor PENSCO TRUST CO., Petitioning Creditor ANTHONY CASTRO, Petitioning Creditor MIKE ALGER, Petitioning Creditor SADIQ PATANKAR) (cly) (Entered: 08/07/2009)
08/07/2009	<u>4</u>	Involuntary Summons Issued On WALTER EDWARD FLOYD JR Status hearing to be held on 10/14/2009 at 10:30 AM at GWZ-Courtroom 1, Young Bldg. (cly) (Entered: 08/07/2009)
08/07/2009	<u>5</u>	Involuntary Summons Issued On SHARI L. FLOYD Status hearing to be held on 10/14/2009 at 10:30 AM at GWZ-Courtroom 1, Young Bldg. (cly) (Entered: 08/07/2009)
08/07/2009	<u>6</u>	Certificate of Service Filed by MARTIN G. CROWLEY on behalf of MIKE ALGER, JOHN BETTENCOURT, ANTHONY CASTRO, NANCY CASTRO, SADIQ PATANKAR, PENSCO TRUST CO., JOHN SCHROEDER (Related document(s) <u>4</u> Involuntary Summons Issued, <u>5</u> Involuntary Summons Issued) (CROWLEY, MARTIN) (Entered: 08/07/2009)
08/08/2009	<u>7</u>	Receipt of Filing Fee for Involuntary Petition (Chapter 7)(09-52653) [misc, invol7] (299.00). Receipt number 7059894, fee amount \$ 299.00. (U.S. Treasury) (Entered: 08/08/2009)
08/25/2009	<u>8</u>	Request for Special Notice Filed by RECOVERY MANAGEMENT SYSTEMS CORPORATION (SINGH, RAMESHWAR) (Entered: 08/25/2009)
08/26/2009	<u>9</u>	Answer to Involuntary Petition Filed by ALAN R SMITH on behalf of SHARI L. FLOYD (SMITH, ALAN) (Entered: 08/26/2009)
10/09/2009	<u>10</u>	Request for Special Notice Filed by STEWART TITLE GUARANTY COMPANY (dlm) (Entered: 10/14/2009)
10/15/2009	<u>11</u>	Request for Special Notice with Certificate of Service Filed by LAWRENCE J. POTEET on behalf of STEWART TITLE GUARANTY COMPANY (dlm) (Entered: 10/16/2009)
10/16/2009	<u>12</u>	Hearing Scheduled/Rescheduled. Status hearing continued to 12/9/2009 at 10:00 AM at GWZ-Courtroom 1, Young Bldg. (Related document(s) <u>1</u> Involuntary Petition (Chapter 7) filed by Alleged Debtor WALTER EDWARD FLOYD, Petitioning Creditor JOHN BETTENCOURT, Petitioning Creditor JOHN SCHROEDER, Petitioning Creditor PENSCO TRUST CO., Petitioning Creditor ANTHONY CASTRO, Petitioning

		Creditor MIKE ALGER, Petitioning Creditor SADIQ PATANKAR) (dcl) (Entered: 10/16/2009)
11/20/2009	<u>13</u>	Request for Special Notice Filed by WILLIAM D COPE on behalf of JERRY SMITH (COPE, WILLIAM) (Entered: 11/20/2009)
11/23/2009	14	Hearing Scheduled/Rescheduled. Status hearing to be held on 12/9/2009 at 02:00 PM at GWZ-Courtroom 1, Young Bldg. (Related document(s) <u>1</u> Involuntary Petition (Chapter 7) filed by Alleged Debtor WALTER EDWARD FLOYD, Petitioning Creditor JOHN BETTENCOURT, Petitioning Creditor JOHN SCHROEDER, Petitioning Creditor PENSICO TRUST CO., Petitioning Creditor ANTHONY CASTRO, Petitioning Creditor MIKE ALGER, Petitioning Creditor SADIQ PATANKAR) (dcl) (Entered: 11/23/2009)
11/24/2009	<u>15</u>	Certificate of Service Filed by WILLIAM D COPE on behalf of JERRY SMITH (Related document(s) <u>13</u> Request for Special Notice filed by Creditor JERRY SMITH) (COPE, WILLIAM) (Entered: 11/24/2009)
12/08/2009	<u>16</u>	<i>Consent To Entry Of Order For Relief Under Chapter 7</i> Filed by ALAN R SMITH on behalf of SHARI L. FLOYD (SMITH, ALAN) (Entered: 12/08/2009)
12/09/2009	<u>17</u>	Certificate of Service Filed by ALAN R SMITH on behalf of SHARI L. FLOYD (Related document(s) <u>16</u> Document filed by Alleged Debtor SHARI L. FLOYD) (SMITH, ALAN) (Entered: 12/09/2009)
01/08/2010	<u>18</u>	Certificate of Service <i>Summons and Petition served</i> with Certificate of Service Filed by MARTIN G. CROWLEY on behalf of MIKE ALGER, JOHN BETTENCOURT, ANTHONY CASTRO, NANCY CASTRO, SADIQ PATANKAR, PENSICO TRUST CO., JOHN SCHROEDER (Related document(s) <u>1</u> Involuntary Petition (Chapter 7) filed by Alleged Debtor WALTER EDWARD FLOYD, Petitioning Creditor JOHN BETTENCOURT, Petitioning Creditor JOHN SCHROEDER, Petitioning Creditor PENSICO TRUST CO., Petitioning Creditor ANTHONY CASTRO, Petitioning Creditor MIKE ALGER, Petitioning Creditor SADIQ PATANKAR, <u>4</u> Involuntary Summons Issued, <u>5</u> Involuntary Summons Issued) (CROWLEY, MARTIN) Modified on 1/11/2010 to relate to #1, #4 and #5 (Leavitt, RL). (Entered: 01/08/2010)
01/19/2010	<u>19</u>	<i>Request For Court To Order Relief</i> Filed by U.S. BANKRUPTCY COURT (cly) (Entered: 01/20/2010)
04/22/2010	<u>20</u>	Motion to Consolidate with <i>Case No. 10-50398</i> with Certificate of Service Filed by MARTIN G. CROWLEY on behalf of MIKE ALGER, JOHN BETTENCOURT, ANTHONY CASTRO, NANCY CASTRO, SADIQ PATANKAR, PENSICO TRUST CO., RECOVERY MANAGEMENT SYSTEMS CORPORATION, JOHN SCHROEDER (CROWLEY, MARTIN) (Entered: 04/22/2010)

04/22/2010	<u>21</u>	Notice of <i>Hearing and Motion</i> with Certificate of Service Filed by MARTIN G. CROWLEY on behalf of MIKE ALGER, JOHN BETTENCOURT, ANTHONY CASTRO, NANCY CASTRO, SADIQ PATANKAR, PENSICO TRUST CO., RECOVERY MANAGEMENT SYSTEMS CORPORATION, JOHN SCHROEDER (Related document(s) <u>20</u> Motion to Consolidate filed by Creditor RECOVERY MANAGEMENT SYSTEMS CORPORATION, Petitioning Creditor JOHN BETTENCOURT, Petitioning Creditor JOHN SCHROEDER, Petitioning Creditor PENSICO TRUST CO., Petitioning Creditor ANTHONY CASTRO, Petitioning Creditor MIKE ALGER, Petitioning Creditor SADIQ PATANKAR, Petitioning Creditor NANCY CASTRO) (CROWLEY, MARTIN) (Entered: 04/22/2010)
04/23/2010	<u>22</u>	Hearing Scheduled/Rescheduled.Hearing scheduled 5/26/2010 at 02:00 PM at GWZ-Courtroom 3,Young Bldg. (Related document(s) <u>20</u> Motion to Consolidate filed by Creditor RECOVERY MANAGEMENT SYSTEMS CORPORATION, Petitioning Creditor JOHN BETTENCOURT, Petitioning Creditor JOHN SCHROEDER, Petitioning Creditor PENSICO TRUST CO., Petitioning Creditor ANTHONY CASTRO, Petitioning Creditor MIKE ALGER, Petitioning Creditor SADIQ PATANKAR, Petitioning Creditor NANCY CASTRO) (cly) (Entered: 04/23/2010)
05/12/2010	<u>23</u>	Opposition Filed by ALAN R SMITH on behalf of SHARI L. FLOYD (Related document(s) <u>20</u> Motion to Consolidate filed by Creditor RECOVERY MANAGEMENT SYSTEMS CORPORATION, Petitioning Creditor JOHN BETTENCOURT, Petitioning Creditor JOHN SCHROEDER, Petitioning Creditor PENSICO TRUST CO., Petitioning Creditor ANTHONY CASTRO, Petitioning Creditor MIKE ALGER, Petitioning Creditor SADIQ PATANKAR, Petitioning Creditor NANCY CASTRO.) (SMITH, ALAN) (Entered: 05/12/2010)
05/13/2010	<u>24</u>	Certificate of Service Filed by ALAN R SMITH on behalf of SHARI L. FLOYD (Related document(s) <u>23</u> Opposition filed by Alleged Debtor SHARI L. FLOYD) (SMITH, ALAN) (Entered: 05/13/2010)
05/21/2010	<u>25</u>	Request for Special Notice to <i>JAMES L MORGAN, ESQ</i> Filed by WILLIAM D COPE on behalf of JERRY SMITH (COPE, WILLIAM) (Entered: 05/21/2010)
05/25/2010	<u>26</u>	Certificate of Service by <i>Regular Mail for James L Morgan, Esq</i> Filed by WILLIAM D COPE on behalf of JERRY SMITH (Related document(s) <u>25</u> Request for Special Notice filed by Creditor JERRY SMITH) (COPE, WILLIAM) (Entered: 05/25/2010)
05/25/2010	<u>27</u>	Order for Relief In An Involuntary Case (Involuntary) (cly) Modified on 5/25/2010 to correct typo (Wenszell, GL). (Entered: 05/25/2010)
05/25/2010		W. DONALD GIESEKE added to case (cly) (Entered: 05/25/2010)

05/27/2010	<u>28</u>	Amendment to List of Creditors Filed by MARTIN G. CROWLEY on behalf of MIKE ALGER, JOHN BETTENCOURT, ANTHONY CASTRO, NANCY CASTRO, SADIQ PATANKAR, PENSICO TRUST CO., JOHN SCHROEDER (CROWLEY, MARTIN) (Entered: 05/27/2010)
05/28/2010	<u>29</u>	Meeting of Creditors 341 meeting to be held on 7/1/2010 at 10:30 AM Young Bldg,Rm 3024 Last day to oppose discharge or dischargeability is 8/30/2010 Proof of Claim due by 9/29/2010 (cly) (Entered: 05/28/2010)
05/30/2010	<u>30</u>	BNC Certificate of Mailing (Related document(s) <u>29</u> Meeting of Creditors Chapter 7 Asset Individual (BNC)) No. of Notices: 40. Service Date 05/30/2010. (Admin.) (Entered: 05/30/2010)
06/02/2010	<u>31</u>	Order for Relief In An Involuntary Case (cly) (Entered: 06/02/2010)
06/02/2010	<u>32</u>	Order Denying Motion to Consolidate This Case With Case No: BK-N-10-50398-GWZ (Related document(s) <u>20</u>) (cly) (Entered: 06/02/2010)
06/03/2010	<u>33</u>	Motion to Extend Deadline to File Schedules or Provide Required Information Filed by ALAN R SMITH on behalf of SHARI L. FLOYD (SMITH, ALAN) (Entered: 06/03/2010)
06/03/2010	<u>34</u>	Notice of Hearing Hearing Date: 07/21/2010 Hearing Time: 2:00 p.m. Filed by ALAN R SMITH on behalf of SHARI L. FLOYD (Related document(s) <u>33</u> Motion to Extend Deadline to File Schedules filed by Debtor SHARI L. FLOYD) (SMITH, ALAN) (Entered: 06/03/2010)
06/04/2010	<u>35</u>	Hearing Scheduled/Rescheduled.Hearing scheduled 7/21/2010 at 02:00 PM at GWZ-Courtroom 3, Young Bldg. (Related document(s) <u>33</u> Motion to Extend Deadline to File Schedules filed by Debtor SHARI L. FLOYD) (cly) (Entered: 06/04/2010)
06/08/2010	<u>36</u>	Certificate of Service Filed by ALAN R SMITH on behalf of SHARI L. FLOYD (Related document(s) <u>33</u> Motion to Extend Deadline to File Schedules filed by Debtor SHARI L. FLOYD, <u>34</u> Notice of Hearing filed by Debtor SHARI L. FLOYD) (SMITH, ALAN) (Entered: 06/08/2010)
06/08/2010	<u>37</u>	Notice of Entry of Order Filed by ALAN R SMITH on behalf of SHARI L. FLOYD (Related document(s) <u>32</u> Order on Motion to Consolidate Case) (SMITH, ALAN) (Entered: 06/08/2010)
06/09/2010	<u>38</u>	Certificate of Service Filed by ALAN R SMITH on behalf of SHARI L. FLOYD (Related document(s) <u>37</u> Notice of Entry of Order filed by Debtor SHARI L. FLOYD) (SMITH, ALAN) (Entered: 06/09/2010)

06/24/2010	<u>39</u>	Schedule[s] A, Real Property Amount: \$ 580,000.00, B, Personal Property Amount: \$ 9,825.00, C, Amount \$12,000.00, D, Creditors Holding Secured Claims Amount: \$ 2,198,000.00, E, Creditors Holding Unsecured Priority Claims Amount: \$ 28,105.00, F, Creditors Holding Unsecured Nonpriority Claims Amount: \$ 203,518.99, G, H, I, Average Income Amount: \$ 4,202.00, J, Current Expenditures Amount: \$ 4,200.00, Summary of Schedules, Declaration Concerning Debtor[s] Schedules, , Declaration Concerning Debtor's Schedules , Statement of Financial Affairs , Statement of Intention , Disclosure of Compensation of Attorney for Debtor , Verification of Creditor Matrix , Amendment to List of Creditors Filed by ALAN R SMITH on behalf of SHARI L. FLOYD, WALTER EDWARD FLOYD JR(Related document(s) <u>1</u> Involuntary Petition (Chapter 7) filed by Debtor WALTER EDWARD FLOYD, Petitioning Creditor JOHN BETTENCOURT, Petitioning Creditor JOHN SCHROEDER, Petitioning Creditor PENSICO TRUST CO., Petitioning Creditor ANTHONY CASTRO, Petitioning Creditor MIKE ALGER, Petitioning Creditor SADIQ PATANKAR) (SMITH, ALAN) (Entered: 06/24/2010)
06/24/2010	<u>40</u>	Declaration Re: Electronic Filing Filed by ALAN R SMITH on behalf of SHARI L. FLOYD, WALTER EDWARD FLOYD JR (SMITH, ALAN) (Entered: 06/24/2010)
06/24/2010	<u>41</u>	Statement of Social Security Number(s). This document contains sensitive information and cannot be viewed by the public. Filed by ALAN R SMITH on behalf of SHARI L. FLOYD, WALTER EDWARD FLOYD JR (SMITH, ALAN) (Entered: 06/24/2010)
07/05/2010	<u>42</u>	341 Meeting Continued on 07/19/10 at 09:00 AM at Young Bldg,Rm 3024 (GIESEKE, W.) (Entered: 07/05/2010)
07/26/2010	<u>43</u>	Stipulated Order Extending Time For Trustee To File An Objection to the Discharge of Debtor(s) until 12/31/2010. (cly) (Entered: 07/26/2010)
08/19/2010	<u>44</u>	Order Extend Time To File Statements and Schedules (Related Doc # <u>33</u>) (cly) (Entered: 08/19/2010)
08/27/2010	<u>45</u>	Motion to Extend Time to Object <i>to Discharge</i> with Certificate of Service Filed by MARTIN G. CROWLEY on behalf of MIKE ALGER, JOHN BETTENCOURT, ANTHONY CASTRO, NANCY CASTRO, SADIQ PATANKAR, PENSICO TRUST CO., JOHN SCHROEDER (CROWLEY, MARTIN) (Entered: 08/27/2010)
08/27/2010	<u>46</u>	Notice of Hearing <i>and Motion</i> Hearing Date: 10/20/2010 Hearing Time: 10:00 a.m. with Certificate of Service Filed by MARTIN G. CROWLEY on behalf of MIKE ALGER, JOHN BETTENCOURT, ANTHONY CASTRO, NANCY CASTRO, SADIQ PATANKAR, PENSICO TRUST CO. (Related document(s) <u>45</u> Motion to Extend Time to Object filed by Petitioning Creditor JOHN BETTENCOURT, Petitioning Creditor JOHN

		SCHROEDER, Petitioning Creditor PENSICO TRUST CO., Petitioning Creditor ANTHONY CASTRO, Petitioning Creditor MIKE ALGER, Petitioning Creditor SADIQ PATANKAR, Petitioning Creditor NANCY CASTRO) (CROWLEY, MARTIN) (Entered: 08/27/2010)
08/30/2010	47	Hearing Scheduled/Rescheduled. Hearing scheduled 10/20/2010 at 10:00 AM at GWZ-Courtroom 3, Young Bldg. (Related document(s) <u>45</u> Motion to Extend Time to Object filed by Petitioning Creditor JOHN BETTENCOURT, Petitioning Creditor JOHN SCHROEDER, Petitioning Creditor PENSICO TRUST CO., Petitioning Creditor ANTHONY CASTRO, Petitioning Creditor MIKE ALGER, Petitioning Creditor SADIQ PATANKAR, Petitioning Creditor NANCY CASTRO) (cly) (Entered: 08/30/2010)
10/22/2010	<u>48</u>	Order Extending Time To Object To Discharge (Related document(s) <u>45</u>) until 12/31/2010. (lms) (Entered: 10/22/2010)

PACER Service Center			
Transaction Receipt			
11/08/2010 11:27:33			
PACER Login:	as0450	Client Code:	Floyd
Description:	Docket Report	Search Criteria:	09-52653-gwz Fil or Ent: filed Doc From: 0 Doc To: 99999999 Term: included Format: html
Billable Pages:	4	Cost:	0.32

CERTIFICATE OF SERVICE

I, Jason N. Silverman, do hereby certify that copies of the foregoing "OBJECTION AND RESPONSIVE SUBMISSION OF EDDIE FLOYD" were sent via First Class U.S. Mail, postage prepaid, this 10th day of November, 2010 to the following:

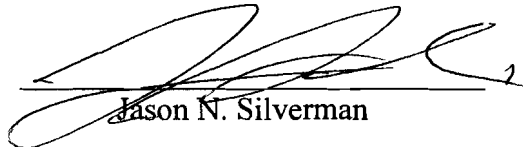
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Chief Administrative Law Judge
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